Effective October 1, 2003					ECORD	- Address		ke: Number
	CLAIN	IS AS FI	LED - PART	1	·		18/	50025
TOTAL CLAIMS			(Column 1) (Column 2)		SMA	LL ENTITY	_	OTHER
					·	E	Or. S	WALL ENTI
FOR		NL	MBER FILED	NUMBER EXTR	─	ATE FEE		ATE FE
TOTAL CHARGEABLE CLAIMS			1211		BASI	C FEE	OR BAS	
NDEPENDENT CLAIMS		C	minus 20=	4	xs	9=	OR X	518=
MULTIPLE DEPENDENT CLAIM PE		IM PRESEN	AT 100 3 = 1		X4	3=	Tool x	86=
If the difference in column 1 is to						5=	7-	
		r is iess (n	ian zéro, enter -	0° in column 2	TOT		L	90=
	CLAIMS A	S AMEN	DED - PART		. 101	~ L	OT AO	TAL OG
1	(Column	<u>1)</u>	(Cotumn		3) SUA	LL ENTITY	01	HER HAN
	GLAIMS REMAINIA	16	HIGHES	7	<u> </u>	25.4	OR SM	ALL ENTITY
	AFTER AMENDME	-	PREVIOUS	SLY FYTRA	RATI	ADDI. TIONAL		ADD
Total	· 24		PAID FO	R	J [FEE	RA	TE TIONA
Independe		Minus	- 24	= .0	XS 9	7		FEE
,	1 1	Minus	2	• • • • •	7	+-/-	OR XS1	8= /
- WIOT FAL	SENTATION OF	MULTIPLE	DEPENDENT CL	AIM 🗍	X43=	. [/]	OR X86	3=
	-			<u> </u>	+145=	7		
					TOTA	_//	OR +290)=/
	(Column 1				ADDIT, FE	E	OR ADDIT.	TAL
	CLAIMS		(Column 2	(Column 3	<u>, </u>		. ~~	
	REMAINING AFTER	1	NUMBER	PRESENT		ADDI-		ADDI-
lotal .	AMENDMENT		PREVIOUSL PAID FOR	EXTRA	RATE	TIONAL	RATE	TIONAL
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noependent		Minus	***	- 	XS 9=	<u> </u>	R X\$18:	=
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	(Column 1)		(Column 2)	(Column 3)	ADDIT, FEE		ADDIT. FE	
٠.,	REMAINING		HIGHEST					
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al		14:-	PAID FOR	1	MIE	TONAL FEE	RATE	TIONAL
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	MTATION	Minus	•••	=		OR.	X\$18=	<u> </u>
11208	NTATION OF MU	LTIPLE DEF	PENDENT CLAIM		X43=	OR	X86=	
entry in colum	in 1 is less than the	entry in ent-	Ma 2	·	+145=	OR	+290=	
entry in Column 1 is less than the entry "Highest Number Previously Paid For" "Highest Number Previously Paid For" Highest Number Previously Paid For" (1			in column 2, write "0" in column 3. IN THIS SPACE is less than 20, enter "20." IN THIS SPACE is less than 3, enter "3." Total or Independent) is the highest number tou				1 .	
righest Numb	er Préviously Paid	For (Total or	SPACE is less tha	n 3, enter *3,*	ADDIT. FEE	OR	. TOTAL ADDIT. FEE	
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					_•	Office, U.S. DEP		.

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